

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

De BRUIJN, Chris, et al.

Serial No: 09/711,784

Filed: November 13, 2000

For: CONTACT LENS AND OPTICAL SOLUTIONS



Art Unit: 1744

Examiner: Elizabeth McKane

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450, on
November 13, 2003

Date of Deposit
Heather B. Del Bosco

Name Heather B. Del Bosco
Signature [Signature] 11/13/03
Date

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☒ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	45 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	7	-	7 ***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ Error! Reference source not found. to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
☐ A check in the amount of \$ Error! Reference source not found. to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2567, referencing docket number 355865.00110. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
REED SMITH CROSBY HEAFEY

By: Stefan J. Kirchanski

Stefan J. Kirchanski
Registration No. 36,568
Attorney for Applicant(s)

Date: November 13, 2003

1901 Avenue of the Stars, Suite 700
Los Angeles, CA 90067
Phone: (310) 734-5200
Fax: (310) 734-5299



PATENT

Docket No. 355865.00110

Former Docket No. 25865.00110

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

De BRUIJN, Chris, et al.

Serial No: 09/711,784

Filed: 13 November 2000

For: CONTACT LENS AND OPHTHALMIC
SOLUTIONS

Art Unit: 1744

Examiner: Elizabeth McKane

I hereby certify that this correspondence
is being deposited with the United States
Postal Service with sufficient postage as
first class mail in an envelope addressed
to:

Commissioner for Patents
P.O. Box 1450, Alexandria, CA 22313-
1450, on

13-Nov-2003

Date of Deposit

Heather Del Bosco

Name

AMENDMENT (Revised Rule 121)

MS Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated 14 July 2003 please amend
the above-identified application as follows (this is a resubmission of the
paper of 14-Oct-2003 made to correct informalities):

Amendments to the Claims begin on page 2 of this paper

Remarks begin on page 6 of this paper.